

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P41055 (5)**

1. Corporation Name
THE MORTGAGE AUTHORITY, INC.



Principal Place of Business: **33200 W. 14 MILE RD WEST BLOOMFIELD MI 48322-549 US**
Mailing Address: **ATTN: MELINDA CAIN 27555 FARMINGTON RD FARMINGTON HILLS MI 48833-3357 US**

3. Date Incorporated or Qualified: **10/19/1992**
3a. Date of Last Report: **05/01/1995**
4. FET Number: **38-3069483**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed below of registered agent and the applicant.

(NOTE: Registered Agent signature required when registering.)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, JAMES A.	1.2 NAME	
STREET ADDRESS	27555 FARMINGTON ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FARMINGTON HILLS MI	1.4 CITY-STATE-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSMORE, ROBERT R.	2.2 NAME	
STREET ADDRESS	27555 FARMINGTON ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	FARMINGTON HILLS MI	2.4 CITY-STATE-ZIP	
TITLE	SVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSEN, JOHN L.	3.2 NAME	
STREET ADDRESS	27555 FARMINGTON ROAD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	FARMINGTON HILLS MI	3.4 CITY-STATE-ZIP	
TITLE	AVP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, MELINDA	4.2 NAME	
STREET ADDRESS	27555 FARMINGTON ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	FARMINGTON HILLS MI	4.4 CITY-STATE-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANASCO, WILLIAM C.	5.2 NAME	
STREET ADDRESS	27555 FARMINGTON ROAD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	FARMINGTON HILLS MI	5.4 CITY-STATE-ZIP	
TITLE	CVP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSEN, MARK	6.2 NAME	Janssen, Mark
STREET ADDRESS	27555 FARMINGTON RD	6.3 STREET ADDRESS	
CITY-STATE-ZIP	FARMINGTON HILLS MI	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Melinda F. Cain*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Melinda F. Cain - Vice President

4-30-96

Date

Day-Month-Year

(810)488-7000

CR2E034 (12/95)